

The Honorable Ricardo S. Martinez

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

WASHINGTON STATE ASSOCIATION OF HEAD
START AND EARLY CHILDHOOD ASSISTANCE AND
EDUCATION PROGRAM, ILLINOIS HEAD START
ASSOCIATION, PENNSYLVANIA HEAD START
ASSOCIATION, WISCONSIN HEAD START
ASSOCIATION, FAMILY FORWARD OREGON, and
PARENT VOICES OAKLAND,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official capacity as
Secretary of Health and Human Services; U.S.
DEPARTMENT OF HEALTH AND HUMAN SERVICES;
ANDREW GRADISON, in his official capacity as Acting
Assistant Secretary of the Administration for Children and
Families; ADMINISTRATION FOR CHILDREN AND
FAMILIES; OFFICE OF HEAD START; and TALA
HOOBAN, in her official capacity as Acting Director of
the Office of Head Start,

Defendants.

Case No. 2:25-cv-00781-RSM

**DECLARATION OF JOEL
RYAN IN SUPPORT OF
PLAINTIFFS' MOTION
FOR TEMPORARY
RESTRAINING ORDER/TO
POSTPONE EFFECTIVE
DATE OF AGENCY
ACTION**

NOTE ON MOTION
CALENDAR: JULY 21, 2025

1 I, Joel Ryan, hereby declare and state:

2 1. The information in this declaration is true and correct to the best of my
3 knowledge and I am of majority age and competent to testify about the matters set forth herein.

4 2. I incorporate all of the facts and allegations contained in my first declaration
5 submitted in this case in support of Plaintiffs' Motion for a Preliminary Injunction.

6 **Experience and Professional Background**

7 3. I am the Executive Director of the Washington State Association of Head Start
8 and Early Childhood Education and Assistance Program ("Washington HSA"). I have served
9 in this role since 2007.

10 4. In my current role at Washington HSA, I oversee all operations of the
11 organization, including WSA's funding and policy advocacy at the state and federal level and
12 providing professional development for Head Start program members. This includes offering
13 training for Head Start staff and program members on ways to tailor their curriculum to best
14 serve their diverse children and families, and support member programs in making their
15 programs more inclusive for children to best meet their obligations under the Head Start Act
16 and related state laws.

17 5. Most of my education and experience prior to being at Washington HSA has
18 been focused on early childhood education and the Head Start program. While earning my
19 bachelor's degree, I wrote my senior thesis on Head Start programming. After college, I served
20 as an AmeriCorps volunteer providing literacy support for children at a Head Start school in
21 Boston, MA. Thereafter, I received my law degree from American University, where I served
22 as intern for Neighborhood Legal Services, the Coalition for the Homeless, and several child
23 advocacy organizations.

24 6. After receiving my law degree, I served as the Government Affairs Director of
25 the National Head Start Association. In that role, I worked as the liaison between the Head
26 Start community, Congress, and the White House. I have more than 20+ years of experience
27 supporting Head Start programs, children, and families.

1 **The Guiding Principles of the Head Start Program**

2 7. As discussed, I have been steeped in the intricacies of the Head Start program
3 for the better part of my academic and professional life. For 60 years, the purpose and mission
4 of Head Start has been to make sure that all children are ready for success in school regardless
5 of their background, race, zip code, or income.

6 8. The Head Start Act requires funding to be directed to approved agencies that
7 focus on serving children and families that are the furthest away from opportunity. To identify
8 those populations most in need of services, Head Start agencies are required under the Head
9 Start Act to conduct community wide assessments that collect and analyze demographic data.

10 9. Head Start agencies are multigenerational programs that provide services to
11 children as well as their families. This is because parents are a child's first teacher and early
12 child teachers and caregivers must work with parents as co-equals in their child's education.
13 Head Start agencies provide services starting from the time when a mother is pregnant, and
14 throughout a child's preschool age from 0-5 years old. Head Start agencies provide case
15 management services for families to help them set up their children for success. Head Start
16 services in this area include helping families find housing, helping parents set and meet goals
17 to go to school or work, providing financial literacy education, and working with parents on
18 nutrition and behavioral health so they can help their kids at home.

19 10. Not all children are at the same starting point when they arrive at school. That
20 is why Head Start agencies need to offer different services and resources based on need. Head
21 Start is, at its heart, an equity program, which I understand to mean affording all children a fair
22 chance to be ready for kindergarten and succeed by providing them resources tailored to their
23 diverse circumstances.

24 11. As required by the Head Start Act, Head Start serves children and families in
25 need who are the furthest from opportunity. That is why Head Start services are focused on
26 some of the children from the country's most vulnerable communities, including immigrants.
27 This means children who are very low income and children and families of color, including a

1 significant number of immigrant families. The majority of children who are served by Head
2 Start are low-income children of color. Up to two-thirds of all Head Start program attendees
3 are Black or brown children. Head Start serves a high number of English language learners.
4 Immigrants and refugees make up a large share of the population served by Head Start. Around
5 18% of the children served by Head Start are diagnosed with disabilities.

6 12. Head Start teaching staff must have the background and knowledge to support
7 the needs of the children and families they serve. Given the diversity of the populations they
8 serve, this means that they must have relevant linguistic and cultural competency.

9 13. To effectively provide services, Head Start agencies must consider the cultural
10 norms of children and their families so that the agency can help the parents support their child's
11 learning and development at home. Appropriate engagement with a Head Start family requires
12 Head Start agencies to use culturally appropriate engagement. Head Start programs thus need
13 their curriculum to be relevant to the populations they serve. As an example, it is critical for
14 parents that are non-English speakers to understand what their children learned during their
15 day at Head Start. Head Start teachers will often send materials, books, and other activities for
16 parents to work on with their child at home. It is critical that these be understandable to the
17 family and, if necessary, translated so that parents can fully support their child's education.
18 Ultimately, Head Start agencies want to create a welcoming environment for children and
19 families in order to carry out their obligations under the Head Start Act.

20 **Washington HSA's Mission, Purpose and Alignment with the Head Start Program**

21 14. Washington HSA is a statewide non-profit membership association founded in
22 1986 and is currently composed of 30 member agencies from early childhood care and
23 education agencies that are funded by Head Start, Early Head Start, Migrant/Seasonal Head
24 Start, Native American Head Start, and the Washington state Early Childhood Education and
25 Assistance Program ("ECEAP").

26 15. Twelve member agencies are nonprofit charitable organizations, which account
27 for 44.2% of Head Start program slots in our membership. Five grantees are nonprofit

1 community action agencies, which account for 11% of Head Start program slots.

2 16. Fourteen member agencies are local government-run programs, including
3 schools, educational services districts, community colleges, and municipalities, which account
4 for 44.8% of Head Start program slots.

5 17. Washington HSA's mission is aligned with Head Start's mission: serving the
6 children and families farthest from opportunity.

7 18. Washington HSA's purpose is to strengthen Head Start, Early Head Start, and
8 ECEAP agencies for the benefit of children and families, through advocacy, education, and
9 collaboration. Washington HSA strives to work in collaboration with children, families, and
10 communities to advocate for antiracist and equitable early learning, education, and human
11 services systems that provide opportunities for all children and families. Washington HSA is
12 committed to supporting children and families of all races, genders, languages, abilities, sexual
13 orientations, nationalities, immigration status, and socioeconomic status.

14 19. As of 2025, Washington HSA members serve over 13,000 children and their
15 families.

16 20. Washington HSA members provide critical services to people from some of
17 Washington's most vulnerable and underserved communities.

18 a. Over 74% of the children served by Washington HSA members are
19 children of color.

20 b. Nearly 42% of the children served by Washington HSA members speak
21 a primary language other than English at home with their family. Over
22 half of the children served by Washington HSA members are dual
23 language learners. For example, with a large population of low-income
24 Mandarin-speaking immigrants from China in Seattle, WA, Head Start
25 agencies tailor their programs and services to Mandarin Chinese-
26 speaking students and families. It is common for this Head Start
27 program to celebrate the Lunar New Year. In Yakima, WA, Washington

1 HSA members serve migrant farm worker families and provide them
2 culturally relevant curriculum and offerings in a family's home language
3 of Spanish. And, in Skagit County, WA, Head Start agencies serve a
4 larger number of Ukrainian refugees among others. These families are
5 dealing with the trauma of coming from a war-torn country and the
6 associated complex issues that can develop as a result.

7 c. In 2024, there are 1,956 children and four pregnant women enrolled in
8 members' Migrant and Seasonal Head Start programs.

9 d. Around 14% of all children served by Washington HSA members are
10 diagnosed with a disability and have an Individualized Education Plan.

11 e. Almost 15% of the children served by Washington HSA members are
12 involved in early family intervention services.

13 f. Over 25% of families served by Washington HSA members have
14 parents with less than a high school education. Nearly 13% of
15 Washington HSA families served have one or more parents in a job
16 training program.

17 g. Most families served by Washington HSA members are well below the
18 federal poverty level, and over 12% of families served by Washington
19 HSA members experience homelessness every year.

20 21. Like other Head Start agencies, Washington HSA members receive Head Start
21 grants from the federal government. Members use those grants to fund their Head Start
22 programs that provide services that are tailored to the needs of eligible children and families,
23 as well as for continuing education, training and professional development like that provided
24 by Washington HSA. Grant funds do not go directly to any child or family.

25 22. Washington HSA members have discretion as to who enrolls in their programs.
26 Even if they meet the eligibility criteria stated in the Head Start Act, specific children or
27

1 families are not entitled to enrollment in Head Start programs or services provided through
2 Head Start grants.

3 23. Washington HSA operates with a budget of \$1.2 million. Washington HSA is
4 funded by membership dues, grants, and training and conference registration fees. Washington
5 HSA has three full-time staff members.

6 **Immigration Status Has Never Been Part of Head Start Eligibility Criteria and Requiring**
7 **Agencies to Verify Status Will Subject Members to Significant Harms**

8 24. I am aware that the Department of Health and Human Services (HHS) has
9 submitted a new Directive that reinterprets the meaning of “federal public benefit” under the
10 Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). My
11 understanding is that this Directive interprets the services provided by the Head Start program
12 to be a federal public benefit and thus requires Head Start agencies, including Washington
13 HSA members, to verify that children and families enrolled in Head Start are eligible “qualified
14 aliens.”

15 25. Since the formation of Head Start, program eligibility has never depended on
16 immigration status.

17 26. Making enrollment dependent on immigration status will have a massive
18 chilling effect on children and families enrolling in Head Start.

19 27. If Washington HSA members are required to verify immigration status and
20 exclude certain classes of immigrants from their programs, they expect to experience
21 significant decreases in enrollment and retention. While Washington HSA members did not
22 record the legal immigration status of the children and families in their programs before the
23 new HHS Directive was put forth, they expect that significant numbers of enrolled children
24 and families will no longer be considered eligible for Head Start and be forced to disenroll.

25 28. Given the demographic background of the children and families served by
26 Washington HSA’s members, I anticipate that enrollment could decline by 15 to 25% as a
27 conservative estimate.

1 29. The chilling effect will extend beyond immigrant families. Because Head Start
2 eligibility has always been irrespective of immigration status, Washington HSA members have
3 been able to maintain trust with immigrant communities and other communities of vulnerable
4 people, allowing them to build successful Head Start programs. Requiring members to verify
5 immigration status means that Head Start teachers and staff will need to question applicants
6 and/or enrolled children and families about their immigration status. This invasive questioning
7 carries a heightened level of fear at this time due to the federal administration's actions against
8 immigrants. It will sever the trust that member agencies have built, not just with immigrant
9 communities, but with the community at large as Head Start agencies will now be seen as
10 unwelcoming and potentially dangerous.

11 30. Washington HSA members serve communities for which fear and distrust of
12 government systems are significant concerns. Families—particularly those who are
13 immigrants, refugees, or limited English speakers—often feel unsafe due to increased scrutiny,
14 racial profiling, or language-based discrimination. A critical part of the success Washington
15 HSA members have with their Head Start programs is the trust they have been able to form
16 with immigrants.

17 31. Even if the intent of this new HHS Directive is to exclude certain classes of
18 immigrants and not others, it will likely discourage enrollment of otherwise eligible children
19 based on the fear that seeking or receiving Head Start services would affect parental
20 immigration status, such as resulting in the child being deemed a “public charge” and affecting
21 the ability of the parents to adjust their immigration status. Washington HSA members are of
22 the understanding that parents who are not citizens will be too scared to apply their children to
23 Head Start programs, even if it is true that their citizen child is eligible for Head Start.

24 32. Even when families could have the legal right to access services, the perception
25 of risk may lead them to withdraw from the Head Start program or avoid enrollment altogether.
26 This Directive will create barriers for children who would benefit most from early learning
27 services, further widening the opportunity gaps in already underserved communities.

1 33. The chilling effect negatively impacting Washington HSA members will not be
2 limited to just Head Start enrollment. I expect that HHS' Directive will negatively impact
3 members' program enrollment in state funded early childhood education programs—many of
4 which also receive Head Start funding—as families feel unwelcome and/or unsafe in the
5 program generally because the program is screening for immigration status.

6 34. The chilling effect of HHS' Directive targeting immigrants is especially
7 harmful at this time because Washington HSA members are currently engaged in the
8 enrollment process for filling their programs that start in the fall.

9 35. Even before HHS' Directive, Washington HSA member agencies were already
10 experiencing negative impacts to enrollment and retention due to the Executive Orders
11 targeting “DEIA” and “illegal aliens” and HHS' policies to execute those Orders.

12 36. Multiple Washington HSA members have experienced decreases in attendance
13 from immigrant children and families since the Executive Orders and HHS policies. Multiple
14 members also report that immigrant parents have expressed fear of going to work and taking
15 their children to the Head Start program because of the Executive Orders and HHS policies.

16 37. Consequently, this massive chilling effect due to HHS' immigration Directive
17 will have a deleterious impact on Washington HSA members' ability to meet enrollment
18 requirements under the Head Start Act. The resulting decline in enrollment and retention due
19 to HHS' Directive will make it more likely that member agencies will be underenrolled and
20 thus exposed to the penalties for under enrollment in the Head Start Act.

21 38. If members are unable to fully enroll their programs, they are at serious risk of
22 having to close their classrooms and facilities, which would deprive all of the children and
23 families in their care of the critical resources received through their Head Start program.

24 39. In recent weeks, the Office of Head Start has increased enforcement of its Full
25 Enrollment Initiative, making HHS' immigration Directive even more dangerous for members.
26 Some Washington HSA members are already working through the Full Enrollment Initiative
27 and this new Directive will serve to increase the risk that they will lose funding.

1 40. Washington HSA members will have to drastically change their outreach and
2 recruiting programs at great effort and cost.

3 41. The resulting drop in attendance and enrollment will have severe financial
4 consequences for members. Loss of enrollment leads to a decrease in program size, which
5 leads to a loss of Head Start grant money. Members will also lose funding from state funding
6 streams with this drop in enrollment and retention. This bears additional costs to the many
7 members that “braid” their funding sources as discussed in paragraph 87 of my first declaration
8 filed in this case. These members would likely need to shut down their entire program, even if
9 they receive funding outside of Head Start, because of their fund braiding.

10 42. These funding decreases will require members to lay off staff, and they may no
11 longer be able to afford appropriate training and technical assistance from their remaining staff,
12 including from sources like Washington HSA. Both of these will diminish the overall quality
13 of the early educational services they provide.

14 43. Members will likely be placed in the Designation Renewal System as a result
15 of the HHS Directive, which threatens their ability to receive Head Start grants.

16 44. Finally, members will be at risk of having their Head Start grants terminated
17 and closing their program, leading to loss of employment for staff and loss of critical early
18 education resources that will be catastrophic for entire communities.

19 45. This new Directive also puts members in the untenable position of deciding
20 between violating the new Directive and violating parts of the Head Start Act. For example,
21 the Head Start Act requires agencies to prioritize Limited English Proficiency students, many
22 of whom will likely no longer be eligible for Head Start under the new HHS immigration
23 guidance and thus will need to be excluded from enrollment by Washington HSA members.

24 46. Verifying immigration status would also likely result in these members running
25 afoul of state law. Washington state law requires public schools, including Head Start agencies,
26 to adopt local policies in alignment with model policies from the Washington Attorney
27 General’s Office to ensure public schools remain safe and accessible to all Washington

1 residents, regardless of immigration or citizenship status. See RCW 43.10.310. The model
2 policies prohibit public school staff from “inquir[ing] about, request[ing], or collect[ing] any
3 information about the immigration or citizenship status or place of birth of any person.” *See*
4 Washington State Office of the Attorney General Bob Ferguson, *Keep Washington Working*
5 *Act Guidance, Model Policies, and Best Practices for Public Schools*, at 8 (May 2020),
6 [https://agportal-](https://agportal-s3bucket.s3.amazonaws.com/uploadedfiles/Home/Office_Initiatives/KWW/KWW%20Schools%20Model%20Guidance.pdf)
7 [s3bucket.s3.amazonaws.com/uploadedfiles/Home/Office_Initiatives/KWW/KWW%20Schools%20Model%20Guidance.pdf](https://agportal-s3bucket.s3.amazonaws.com/uploadedfiles/Home/Office_Initiatives/KWW/KWW%20Schools%20Model%20Guidance.pdf). Public school staff are also prohibited from seeking or
8 requiring information regarding the parent or guardian’s citizenship or immigration status. *See*
9 *id.* Even if member agencies that are public schools are required to collect information related
10 to national origin to satisfy federal reporting requirements, they are required under these
11 policies to take measures toward protecting the child and family, including “collecting this
12 information separately from the school enrollment process” to “mitigate deterring school
13 enrollment of immigrants or their children.” *Id.*

14
15 47. Verifying immigration status and excluding immigrants from programming will
16 also put members at risk of violating the state licensing requirements for early education as
17 discussed in paragraph 84 of my first declaration filed in this case.

18 48. If Washington HSA members are required to verify immigration status, they do
19 not have the infrastructure necessary to verify immigration status. Members will need to create
20 and develop a recordkeeping system and protocol for gathering and holding this data. They
21 will need to train staff in this new system and potentially hire new staff. A member agency for
22 which 50% of its students have a home language other than English—and thus expects that a
23 large share of its students are immigrants or are from immigrant families—reports that this
24 requirement will be very costly because: (1) it has no process in place to support the collection
25 of immigration status data, (2) its online systems do not support housing this data, (3) its current
26 applications do not have space for this level of detail, and (4) it will need to complete an impact
27 analysis to determine what process it will need to create, budget, and fund.

1 49. Screening for immigration status will divert resources from the core operation
2 of programs. These members will bear the cost of this requirement, which will only be
3 exacerbated by the funding and staffing issues they are already facing because of the actions
4 of this administration seeking to dismantle Head Start.

5 50. Members face potential False Claims Act liability in connection with any
6 reporting obligations they have regarding compliance with the Directive. In addition to the
7 potential civil and criminal legal penalties, this liability also poses an existential threat to
8 members' programs.

9 **The HSS Immigration Directive is Vague and Ambiguous**

10 51. From the text of the HSS Directive, Washington HSA and its members do not
11 know if nonprofit organizations are subject to it, and if so, how to account for PRWORA's
12 nonprofit exemption from the verification requirement.

13 52. It is also unclear as to whether Washington HSA members will need to verify
14 the immigration status of children who are already enrolled in their programs, and if so, when,
15 and at what intervals.

16 53. It is also unclear whether Washington HSA members are now mandated to
17 inquire into the immigration status of parents, only their children, or both.

18 **The HSS Immigration Directive Will Severely Harm Immigrant Children and Families**

19 54. Because of HSS' immigration Directive, immigrant children will lose access to
20 quality early childhood care and educational readiness for primary and secondary education.
21 They will fall behind in school readiness relative to their peers and be deprived of the
22 supplemental services Head Start affords their families to support the health, welfare and
23 development of their children, including access to health and developmental screenings,
24 physical and mental health services, nutritious meals, home visits and support for infant and
25 toddler health and development, and supports for children with disabilities, such as speech,
26 occupational, and physical therapy.

1 55. Immigrant parents and families also will lose their ability to work and go to
2 school to support their children without having reliable childcare through Head Start. It is my
3 understanding that local farmers are already concerned that they will not have enough workers
4 for the rest of this fruit-picking season because immigrant workers will not be able to take their
5 children to Head Start programs. This will result in significant financial hardship for families
6 that are already dealing with poverty. They will also be deprived of other resources Head Start
7 offers to strengthen their families, including access to parenting classes and other resources to
8 better their psychological well-being and foster economic self-sufficiency.

9 56. Washington HSA and its members expect that this Directive will have severe
10 impacts on community well-being and stability, as children fall behind in their development
11 and their opportunities for future success become more limited without the resources of Head
12 Start. Entire classrooms could close due to the impacts of this Directive, impacting both
13 immigrant and nonimmigrant children alike, as well as the entire community.

14 **The HHS Immigration Directive Will Harm Washington HSA**

15 57. This Directive will also directly harm Washington HSA by diminishing its
16 ability to fully engage in its core work of training, professional development, and advocacy
17 that it provides for members. Instead of concentrating on its primary responsibilities,
18 Washington HSA will have to devote the significant part of its resources towards guiding
19 members in applying the vague and ambiguous Directive and navigating the existential threats
20 to their programs.

21 58. Washington HSA's small staff and limited resources will be severely burdened
22 by the need to respond to the new HHS Directive. Members are already raising considerable
23 fear and confusion, from both themselves and the families they serve, as they are faced with
24 this new Directive that poses a significant impact on their lives.

25 59. The HHS Directive is also likely to cause Washington HSA to lose members,
26 as member agencies experience declines in enrollment that result in grant termination, or
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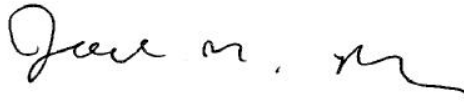
1 funding decreases that make Washington HSA membership financially unfeasible. This could
2 force Washington HSA to lose staff, consolidate operations, or shut down completely.

3 60. Enjoining the new HHS Directive would protect Washington HSA, its members,
4 and most importantly, the vulnerable children and families served by members, from the harms
5 described above.

6 Executed this 21st day of July 2025.

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8 I declare under penalty of perjury under the laws of the United States and the State of
9 Washington that the foregoing is true and correct to the best of my knowledge.

10
11 By:

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14 _____

15 Joel Ryan
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